## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective October 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                 |              |                                      |                   |                  |          | 10430416                                   |                        |          |                               |                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|--------------|--------------------------------------|-------------------|------------------|----------|--------------------------------------------|------------------------|----------|-------------------------------|--------------------------|--|
| CLAIMS AS FILED - PAI<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                 |              |                                      | T  <br>(Column 2) |                  |          | SMALL ENTITY TYPE                          |                        | O.B.     | OTHER THAN<br>OR SMALL ENTITY |                          |  |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                 | 41           |                                      |                   |                  |          | RATE                                       | FEE                    | ٦ ً      | RATE                          | FEE                      |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                 | NUMBER FILED |                                      | NUMBER EXTRA      |                  |          | BASIC FEE                                  | <del></del>            |          | BASIC FEE                     | <del> </del>             |  |
| 7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OTAL CHARGE                                    | ABLE CLAIMS                     | 41 minus 20= |                                      | * 21              |                  |          | V0.0                                       |                        | ٦.       |                               |                          |  |
| IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DEPENDENT (                                    |                                 |              | *,                                   |                   |                  | X\$ 9=   | <b> </b>                                   | OR                     | <u> </u> | 378                           |                          |  |
| II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del></del>                                    | NDENT CLAIM F                   | HESENT       |                                      |                   |                  |          | X43=                                       | · ·                    | OR       | X86=                          | 86                       |  |
| <b> -</b> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                 |              |                                      |                   |                  | •        | +145=                                      |                        | OR       | +290=                         |                          |  |
| *1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | f the differenc                                | e in column 1 is                | less than z  | ess than zero, enter "0" in column 2 |                   |                  |          | TOTAL                                      |                        | OR       | TOTAL                         | 1234                     |  |
| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                | CLAIMS AS A                     | AMENDE       | •                                    |                   |                  |          | OTHER THAN<br>SMALL ENTITY OR SMALL ENTITY |                        |          |                               |                          |  |
| <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                    | (Column 1)                      | <del>,</del> | (Colun                               |                   | (Column 3)       | 1 1      | SMALL                                      |                        | OR       | SMALL                         |                          |  |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER<br>AMENDMENT |              | NUME<br>PREVIO<br>PAID I             | BER<br>JUSLY      | PRESENT<br>EXTRA |          | RATE                                       | ADDI-<br>TIONAL<br>FEE |          | RATE                          | . ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | *                               | Minus        | **                                   |                   | = .              |          | X\$ 9=                                     |                        | OR       | X\$18=                        |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    | *                               | Minus        | ***                                  |                   | ļ= <u>.</u>      |          | X43=                                       |                        | OR       | X86=                          |                          |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                                 |              |                                      |                   | <u> </u>         | ۱ I      | +145=                                      |                        | OR       | +290=                         |                          |  |
| 1, 19, 34, 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                 |              |                                      |                   |                  |          | TOTAL                                      |                        | -        | TOTAL                         |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                 |              | ٠٠,٠٠٠                               | :                 |                  | •        | ADDIT. FEE                                 |                        | JOR .    | ADDIT. FEE                    |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>                                    | (Column 1)                      | <del></del>  | (Colum                               |                   | (Column 3)       | 1 r      | <sub>T</sub>                               |                        |          |                               |                          |  |
| AMENDMENT B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | REMAINING<br>AFTER<br>AMENDMENT |              | NUMB<br>PREVIO<br>PAID F             | IER<br>USLY.      | PRESENT<br>EXTRA |          | RATE                                       | ADDI-<br>TIONAL<br>FEE | į s      | RATE                          | ADDI-<br>TIONAL<br>FEE   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | *                               | Minus        | **                                   | •                 | =                |          | X\$ 9=                                     |                        | OR       | X\$18=                        |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    | <u> </u> *                      | Minus        | ***                                  |                   | =                |          | X43=                                       |                        | OR       | X86=                          |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESE                                    | NTATION OF ML                   | JLTIPLE DEF  | PENDENT                              | CLAIM             | <u> </u>         | 1        | +145=                                      |                        |          | +290=                         |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | •                               | •            |                                      | •                 |                  | L        | TOTAL                                      |                        | OR       | TOTAL                         | <del></del>              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                 |              |                                      |                   |                  | Α        | DOIT. FEE L                                | <del></del>            | OR,      | ADDIT. FEEL                   |                          |  |
| <del>.</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                | (Column 1)<br>CLAIMS            |              | (Colum                               |                   | (Column 3)       |          |                                            |                        |          |                               |                          |  |
| MEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMBI<br>PREVIOL<br>PAID F  | ER<br>JSLY        | PRESENT<br>EXTRA |          | RATE                                       | ADDI-<br>FEE           |          | RATE                          | ADDI-<br>TIONAL<br>FEE   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Total                                          | *                               | Minus        | **                                   |                   | =                |          | X\$ 9=                                     |                        | OR       | X\$18=                        |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Independent                                    |                                 | Minus        | ***                                  |                   | =                | <b> </b> | X43=                                       |                        |          | X86=                          |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |              |                                      |                   |                  |          |                                            |                        | OR       |                               |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                 |              |                                      |                   |                  |          | +145=                                      | ļ                      | QR .     | +290=                         |                          |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20, ADDIT FEE ADDIT FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                 |              |                                      |                   |                  |          |                                            |                        |          |                               |                          |  |
| ADDIT. FEE ADDIT. |                                                |                                 |              |                                      |                   |                  |          |                                            |                        |          |                               |                          |  |